

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 2/10/2009)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Lloyd Throne

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Community Services and Development

POSITION

Director

CB/ID NO.

DIVISION OR BUREAU

Executive

INDEX NUMBER / PCA

0100/50010

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

2389 Gateway Oaks Drive, Ste. 100

576-7113

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento,

CA

95833

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE				Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare, Tolls, Parking	(D) Private Car Use			
DATE	TIME										Miles	Amount		
Apr-10		Sacramento to San Francisco	225.36					PC	98.04		0.00		225.36	
4/13	1300-1600												\$323.40	
4/14	0700	San Francisco	225.36			18.00	6.00	PC	98.04		0.00		\$347.40	
4/15	1600-2000	San Francisco to Sacramento				18.00	6.00	PC			0.00		\$24.00	
											0.00		\$0.00	
4/7	0830	Sacramento						PC	10.00	3	1.50		\$11.50	
4/8	1530	Sacramento						PC	4.50 10.00	3	1.50		6.00 \$11.50	
											0.00		\$0.00	
											0.00		\$0.00	
											0.00		\$0.00	
											0.00		\$0.00	
											0.00		\$0.00	
											0.00		\$0.00	
(10) SUBTOTALS			450.72	0.00	0.00	36.00	12.00	0.00	112.54 210.00	6	3.00	0.00	614.26 \$747.80	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$ 614.26 747.80		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/13 - 4/15 - Attend Cal/Neva Conference - Speaker at conference

4/7 - Meeting Governor's Office - Parking - Lost receipt

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE #

6U83317

(14) MILEAGE RATE CLAIMED

0.500

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

312-159620

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE

4-22-10

(16) SIGNATURE

AND PAYMENT

DATE

4/22/10

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

DATE